PERSONAL FIN AN CIAL DISCLOSURE "TIER 2"

-11EX 2"

2090000

/	LSA	4-R.S. 42:112	4.2	
ORIGINAL REPORT			☐ AMENDED REPO	RT
This Report Covers Cale	endar Year 200	8		
Office Held or Position Date of Election 3/07	Sought M(S)4	MA FEMATOY of Qualifying 1/1	District 16	
Full Name of Filer:	Laurinda 1	L. Calonane	,	
Full Name of Spouse:	Daniel T	T. Calongne	Ste. B Apr. # 708 09 Zip Coo	
Mailing Address:	4317 Bluel	<u>aonnet Blva</u>	L, Ste.B	
· · · · · · ·	Baton Rouge	2, LA		
Spouse's Occupation:	<u>Business Oi</u>	wher of Ele	<u>ictrical Engineeri n</u>	g Consultan
Spouse's Principal Busi	FIFM ness Address, if and National Address	and Draftii Bivd Cl	ng Firm .	<i>)</i> _
Street	on Rume		Suite # 70809	
City		State	Zip Code	
(A) I certify that I hat (B) I certify that I hat or				
			income tax return for the proome tax return for the prev	
	CERTIF	ICATION OF AC	CURACY	
			the information contained ny knowledge, informatio	
Lawinda L.	Colorque			
Signature of Filer	9	_		
Sworn to and subscrib	ed before me this $\underline{2}$	22 nd day of Jal	7. 20 <u>09</u> .	
14110.	Bass	_	-	
Notary Public	IE BASS			
Printed Name: <u><u>KELL</u> ID#<u>87581</u></u>	**	Commission	n Expires for life	<u></u>
		 Page 1 of <u>13</u>	0-0	_
		rage tot 13		

Keille Bass, Notary Public East Baton Rouge Parish, Louislana iD No.87581-Commissioned for Life

SCHEDULE A EMPLOYMENT INFORMATION

	me of the employer, job acid by the ladividual of ap		se job descripti	on for each full-time or part-time
☑ Filer ☐ Spouse	tota by mic mary total or ap			M Full-time □ Part-time
Employer Name	Robert Rose	Consulting Inc	Job Title_	Owner / president
Employer Address	C++	ubonnet-Blvd		<u>B</u>
Job Description 4	Gity	rige LA eve and educat	-7080° 7014 CONS	Zin Code
☐ Filer ■ Spouse				66 Full-time 🗆 Part-time
Employer Name		longue 4 Associ		owner / President
Employer Address	Street .	nwood Blvd.	, Ste (70809) e#
Job Description	Baton Rus provides electr	cal engineering		hry Services
☐ Filet ☐ Spouse				☐ Full-time ☐ Part-time
Employer Name			_ Job Title	
Employer Address	Street		Sui	te #
Job Description	City	State		Zíp Code
□ Filer □ Spouse				☐ Full-time ☐ Part-time
Employer Name		•	_ Job Title	
Employer Address	Street		Sui	ite#
Job Description	City	State		Zip Code

SCHEDULE B POSITIONS - BUSINESS

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your apouse is a director, officer, owner, pertact, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business. Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure. ☐ Filer ☐ Spouse W Both Amount of Interest (00) Rose Consultina Name of Business Address Zio Code healthcare and education consulting services. Business Description Nature of Association | WIND S 🗆 Filer 🗅 Spouse 21 Both Amount of Interest (CO) Name of Business Address Suite# Zip Code **Business Description**

Name of Business DANIE T. CALONANE & Associates, Inc.

Address 791 WYENWOOD BVD. Ste. C

Batton King, LA 70809 Suite #

City State Zip Code

Business Description provides euctrical emgineering consulting service

Nature of Association ON NEV

Nature of Association

MINERS

SCHEDULE C POSITIONS - NONPROFIT

The name, address, brief description of director or officer.	and nature of association with a non-	profit organization in which you or your spouse is	B.
Filer Sponse Name of Organization OUIS	onnet Blvd. Ste R. LA 70809	Suite # Zip Code	- - -
Organization Description NOW-	protit, non-partisan	political educational organiza	<u>a</u> tion -
□ Filer □ Spouse	, ,		-
Name of Organization	Natu	re of Association	_
Address			
Street		Suite #	_
City	State	Zìp Code	-
Organization Description			_
□ Filer □ Spouse	··		-
Name of Organization	Natu	re of Association	
Address			_
Street		Suite #	-
City	State	Zip Code	-
Organization Description	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_

SCHEDULE D INCOME FROM THE STATE, POLITICAL SUBDIVISIONS, AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouze, or by any business in which you or your spouze, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

the state or any political subdivision as defined in Article VI of the Constitution of Louisians;

services performed for or in connection with a gaming interest as defined in R.S. 18:1505,2L(3)(a),
 Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Amount of Income \$ 207, 599 . 08 ☐ Filer ☑ Spouse ☐ Business Name of Business, if applicable Name of Source of Income ☐ Political Subdivision ☐ Gaming Interest Type of Income: Address □ Filer □ Spouse □ Business Amount of Income \$ Name of Business, if applicable Name of Source of Income Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest Address Suite# Street State Zip Code City Amount of Income \$_____ ☐ Filer ☐ Spouse ☐ Business Name of Business, if applicable Name of Source of Income 🖸 State 🛕 Political Subdivision 📮 Gaming Interest Type of Income: Address Suite# Street

Zip Code

State

City

SCHEDULE E INCOME RECEIVED FROM EMPLOYMENT

Please disclose the name and address of the employer that provides income, job title, a brief description of the job description for each full-time or pan-time employment position held by the individual or spouse. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.

Filer Spouse		Amount of Income
Foll-time Part-tim	B	
Employer Name	Robert Rose Consulting	, Inc.
Employer Address	4317 Bluebunnet	Blvd., Ste. B
Nature of services rend	Pratin Rouge, LA City State and pursuant to the employment, 5144 Airig Walthcare and the	70869 New / president of firm consulting services.
☐ Filer 🗷 Spouse		Amount of Income (V
Full-time - Part-tio	ne .	
Employer Name	aniel T. Calonane 4	Associates, Inc.
Employer Address	7911 Whenwood B Street LA	Iva., Ste C
Job Description		ctrical engineering
□ Filer □ Spouse		Amount of Income
🗆 Fuli-time 🚨 Part-tin	ne ·	
Employer Name		
Employer Address		Portion of
	Street	Suite #
Job Description	City State	Zip Code
•		

SCHEDULE F INCOME FROM BUSINESS INTERESTS

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the teason such income was received, and the <u>aggregate</u> amount (in value ranges by category) of such income, excluding income reported in another section of this report, DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR B.

Aggregate Amount	of Income received from the business	interests listed on Schedule F 1V
li Filer □ Spouse		
Name of Business_	Robert Rose Consu	Iting, Inc.
Address 43	17 Bluebonnet Blud	Ste B
City	on Rouse, LA State	Snite # 70 809 Zip Code
Description of servi	ces rendered for the business or a real neoning for	son the income was received:
□ Filer B/Spouse		
Name of Business_	Kobert Rose Consult	ing, Inc.
Address 43	17 Bluebonnet Bl	· · · · · · · · · · · · · · · · · · ·
Street 19 City	iton Korige, LA	Suito #_70209
•	O State coa rendered for the business or a real INCOME of Entity	Zip Code sop the income was received:
□ Fjher		
12 Spouse	N. 14 01.	1 1
Name of Business_	Daniel T. Calony	
Address 791	I Wrenwood Blvd	Sulte #
Chy	n Rouge, LA	70 809 Zip Code
Description of serving PASS - TAYA	res fendered for the business or a reason in the first the	son the income was received:
	•	

SCHEDULE F INCOME FROM BUSINESS INTERESTS

7. 41	٦
(continued	,

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

Aggregate Amount of Income received from the business interests listed on Schedule F
Name of Business DESIM Drafting Services, LLC Address 79 Winness Blod., Ste C Street Batin Rivar LA 70809 City State Zip Code Description of services rendered for the bysiness or a reason the income was received: [ASS-INN MOME of Entire to Owner
TREE THE PROPERTY OF THE PARTY
Piler Spouse Spouse Name of Boainess Alger Drafting Services LC Address 79 Wrenwood Blvd Ste C Street LA Suite # City State Zip Code Description of services rendered for the boainess of a reason the income was received: VASS - Inva NCOMME of Entity to OWNEY.
Name of Business
Address Street Suite#
City State Zip Code
Description of services rendered for the business or a reason the income was received:

SCHEDULE G OTHER INCOME

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME

DISCLOSED ON SCHEDULES D, E and/	or F.
□ Filet	Amount of Income
□ Spouse	1 / A
Description of Income) [A
Description of mostics	· · · · · · · · · · · · · · · · · · ·
Description of service rendered of	or the reason the income was received:
	·
· · · · · · · · · · · · · · · · · · ·	
🗇 Filer	. Amount of Income
□ Spouse	
Description of Income	
Description of medito	
Description of service rendered of	or the reason the income was received:
<u> </u>	
	Amount of Income
□ Filer	Amount of Income
□ Ѕроше	
Description of Income	
Description of provides replaced	or the reason the income was received:
 -	

SCHEDULE H IMMOVABLE PROPERTY

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, sither individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000. ☐ Filer ☐ Spouse @ Both Location of property: State Louislana East Baton Rouge Parish Property Description ☐ Filer M Spouse ☐ Both Parish/County Rayburn County Property Description a VACM+ 🗆 Filer 🗖 Spouse 🗷 Both Location of property: State HAWLI Parish/County Starwood Ka'anapali North time share Property Description_ Value ☐ Filer ☐ Spouse ☐ Both Location of property: State ____ Parish/County_ Property Description_____

SCHEDULE I INVESTMENT HOLDINGS

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, cutatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
☐ Fiter Souse ☐ Both	Waste Management, Inc. (BUMI)	Waste disposal company stock
□ Piler ☑ Spouse □ Both	Dracle Corp.	Waste disposal company stock Enterprise software company
□ Filer □ Spouse □ Both		
□ Filet □ Spouse □ Both		
☐ Filer ☐ Spouse ☐ Both		
☐ Filer ☐ Spouse ☐ Both		
□ Filer □ Spause □ Both		
□ Filer □ Spouse □ Both		
O Filer O Spouse O Both		
☐ Piler ☐ Spouse ☐ Both		

SCHEDULE J TRANSACTIONS

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable property or of any other life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount
☐ Filer ☐ Spouse ☐ Both		N/A	
□ Filer □ Spouse □ Bo th			
□ Filer □ Spouse □ Both			
□ Filer □ Spouse □ Both			
□ Filer □ Spouse □ Both			
□ Filer □ Spouse □ Both			
□ Filer □ Spouse □ Both			
☐ Filter ☐ Spouse ☐ Both			
□ Filer □ Spouse □ Both			
☐ Filer ☐ Spouse ☐ Both			

SCHEDULE K LIABILITIES

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any ioan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it:
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his
 principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or
 unless such family member has a contract with the state

□ Filer □ Spouse	1.	· · ·	_
Name of Creditor	/A		
Address			
Street		Suite #	
City	State	Zip Code	_
Name of Guarantor (if any)			
□ Filer □ Spouse			
Name of Creditor			
Address	·		
Street		Suite #	
City	State	Zip Code	_
Name of Guarantor (if any)			
□ Filer □ Spouse			
Name of Creditor			
Address			
Street	<u> </u>	Saite #	
City	State	Zip Code	_
Name of Guarantor (if any)			